

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539562

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2		/		/			52		/				
3		/		/			53		/				
4		/		/			54		/				
5		/		/			55		/				
6		/		/			56		/				
7		/		/			57		/				
8		/		/			58		/				
9		/		/			59	/					
10		/		/			60		/				
11		/		/			61		/				
12		/		/			62		/				
13		/		/			63		/				
14		/		/			64	/					
15		/		/			65		/				
16		/		/			66		/				
17		5		/			67		/				
18		1		/			68		/				
19		3		/			69		/				
20		1		/			70		/				
21		1		/			71		/				
22		1		/			72		/				
23		/		/			73	/	/				
24		/		/			74		/				
25		/		/			75	/	/				
26		/		/			76		/				
27		/		/			77		/				
28		/		/			78		/				
29		/		/			79		/				
30		2		/			80		/				
31		2		/			81		/				
32		1		/			82		/				
33		/		/			83		/				
34		/		/			84		/				
35		/		/			85		/				
36		/		/			86		/				
37		/		/			87		/				
38		/		/			88		/				
39		/		/			89		/				
40		/		/			90		/				
41		/		/			91		/				
42		/		/			92		/				
43		/		/			93		/				
44		/		/			94		/				
45		/		/			95		/				
46		/		/			96		/				
47		/		/			97		/				
48	/			/			98		/				
49		/		/			99		/				
50		/		/			100		/				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	52	←		←
TOTAL CLAIMS							TOTAL CLAIMS			54			

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